

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                                               |                |                                                |        |                                        |                                   |                  |  |
|-------------------------------------------------------------------------------|----------------|------------------------------------------------|--------|----------------------------------------|-----------------------------------|------------------|--|
| Name of Committee in Full<br>Bobbie Mershon for Council                       |                |                                                |        |                                        |                                   |                  |  |
| Full Name of Contributor<br>Rick Brown                                        |                |                                                |        | Registration Number, if PAC            |                                   |                  |  |
| Street Address<br>7170 Charleton Court                                        |                | Employer/Occupation/Labor Organization*        |        |                                        | Form (Cash, Check, etc.)<br>Cash  |                  |  |
| City<br>Canal Winchester                                                      | State<br>O   H | Zip Code<br>43110                              | M<br>1 | D<br>0                                 | Y<br>2                            | Amount<br>100.00 |  |
| Full Name of Contributor<br>C. A. Lloyd                                       |                |                                                |        | Registration Number, if PAC            |                                   |                  |  |
| Street Address<br>129 Beatty Court                                            |                | Employer/Occupation/Labor Organization*        |        |                                        | Form (Cash, Check, etc.)<br>Cash  |                  |  |
| City<br>Canal Winchester                                                      | State<br>O   H | Zip Code<br>43110                              | M<br>1 | D<br>0                                 | Y<br>2                            | Amount<br>25.00  |  |
| Full Name of Contributor<br>Gretchen Gehlbach                                 |                |                                                |        | Registration Number, if PAC            |                                   |                  |  |
| Street Address<br>888 Bowen Rd.                                               |                | Employer/Occupation/Labor Organization*        |        |                                        | Form (Cash, Check, etc.)<br>Check |                  |  |
| City<br>Canal Winchester                                                      | State<br>O   H | Zip Code<br>43110                              | M<br>1 | D<br>0                                 | Y<br>2                            | Amount<br>50.00  |  |
| Full Name of Contributor<br>Bob Wood                                          |                |                                                |        | Registration Number, if PAC            |                                   |                  |  |
| Street Address<br>PO Box 575                                                  |                | Employer/Occupation/Labor Organization*        |        |                                        | Form (Cash, Check, etc.)<br>Check |                  |  |
| City<br>Canal Winchester                                                      | State<br>O   H | Zip Code<br>43110                              | M<br>1 | D<br>1                                 | Y<br>0                            | Amount<br>300.00 |  |
| Full Name of Contributor<br>Wiles, Boyle, Burkholder, Bringardner Co., L.P.A. |                |                                                |        | Registration Number, if PAC<br>CP-1058 |                                   |                  |  |
| Street Address<br>300 Spruce St.                                              |                | Employer/Occupation/Labor Organization*<br>PAC |        |                                        | Form (Cash, Check, etc.)<br>Check |                  |  |
| City<br>Columbus                                                              | State<br>O   H | Zip Code<br>43215                              | M<br>1 | D<br>1                                 | Y<br>0                            | Amount<br>200.00 |  |
| Full Name of Contributor                                                      |                |                                                |        | Registration Number, if PAC            |                                   |                  |  |
| Street Address                                                                |                | Employer/Occupation/Labor Organization*        |        |                                        | Form (Cash, Check, etc.)          |                  |  |
| City                                                                          | State          | Zip Code                                       | M      | D                                      | Y                                 | Amount           |  |
| Full Name of Contributor                                                      |                |                                                |        | Registration Number, if PAC            |                                   |                  |  |
| Street Address                                                                |                | Employer/Occupation/Labor Organization*        |        |                                        | Form (Cash, Check, etc.)          |                  |  |
| City                                                                          | State          | Zip Code                                       | M      | D                                      | Y                                 | Amount           |  |
| Full Name of Contributor                                                      |                |                                                |        | Registration Number, if PAC            |                                   |                  |  |
| Street Address                                                                |                | Employer/Occupation/Labor Organization*        |        |                                        | Form (Cash, Check, etc.)          |                  |  |
| City                                                                          | State          | Zip Code                                       | M      | D                                      | Y                                 | Amount           |  |

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 675.00